

ARKANSAS FIRE PROTECTION LICENSING BOARD

900 W. Capitol Ave., Suite 400

Little Rock, Arkansas 72201

Telephone (501) 661-7903 Fax (501) 603-3540

Email: Patricia.L.White@arkansas.gov

Date_____	Check #_____	Amount \$_____	Processed By_____
Licensing Year_____			

APPLICATION FOR INDIVIDUAL RENEWAL OF LICENSE

Form is to be used to renew an expired license.

DIRECTIONS: Appropriate fees and forms must accompany application. Complete answers must be provided to all questions. **PLEASE PRINT OR TYPE. Completed and send with Firm renewal application.**

Arkansas Fire Protection Licensing Board Certificate of Registration Number: _____

Name of Firm_____

Mailing Address_____

Telephone () _____ Fax () _____ Email _____

Signature of Owner/Manager_____

Name: _____ License # _____

Print **Last** **First** **Middle**

Home Address_____

City _____ State _____ Zip Code _____

Telephone Number () _____ Cell Number () _____

Driver's License Number _____ State _____

Social Security Number _____ Date of Birth ____/____/____

Signature of Licensee: _____ Date: _____

I certify the applicant is an employee of _____
and will represent this firm, upon licensing, subject to ACT 743, as amended, and the Rules
adopted pursuant thereto.

I further certify, under penalty of law, that all necessary affidavits and training certificates for
the applicant named on this application are current.

Our firm has investigated the charter and reputation of the applicant and we are satisfied the
applicant will act in good faith to the public. The firm is not aware of any fact or condition that
would disqualify applicant from receiving a license.

Name of Firm Officer (Please print or type)

Title

Signature of Firm Officer

Date

Make check or money order payable to:
ARKANSAS FIRE PROTECTION LICENSING BOARD